



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**RE: LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION
FOR APPLICANTS WHO GAINED ANY EXPERIENCE OR LICENSURE OUT-OF-STATE**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor. Included in this packet are the following forms and documents:

1. Instructions for Completing the Examination Eligibility Application
2. A Guide to the Application Process for Licensed Professional Clinical Counselor Application Process for Out-of-State Applicants
3. Licensed Professional Clinical Counselor Out-of-State Examination Eligibility Application
4. Licensed Professional Clinical Counselor Out-of-State Degree Program Certification Form
5. Licensed Professional Clinical Counselor In-State Degree Program Certification Form, if applicable
6. Licensed Professional Clinical Counselor Remedial Coursework Certification for Applicants with Out-of-State Education
7. Licensed Professional Clinical Counselor Remedial Coursework Certification for Applicants with In-State Education, if applicable
8. Licensed Professional Clinical Counselor Out-of-State Experience Verification Form
9. Licensed Professional Clinical Counselor Verification of Licensure in Another State Form
10. Examination Security Notice
11. Personal Data Card
12. Instructions for Live Scan Fingerprinting
13. Request for Live Scan Service Form
14. Mandatory Reporter Information

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



INSTRUCTIONS FOR COMPLETING THE LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION

APPLICANTS WITH ANY OUT-OF-STATE EXPERIENCE OR LICENSURE

Please review the following instructions and checklist to ensure accurate completion of your application package and that all required original documents are furnished to the Board. Please retain a copy of all documents submitted to the Board. All items are mandatory. Failure to provide any of the requested information may result in the rejection of the incomplete application. Submit a completed application package to the address shown above with the fee indicated in section II below.

I. MISCELLANEOUS FORMS INSTRUCTIONS

- ☐ A. PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code (BPC) Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.
- ☐ B. EXAMINATION SECURITY NOTICE: This notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.
- ☐ C. FINGERPRINTS: Disregard this section if previously registered as a California Professional Clinical Counselor (PCC) intern. See enclosed "INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING". The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. **Note: Do not complete fingerprints more than 60 days prior to submitting your application. Fingerprint results without an application on file will be held for 6 months.**

II. INSTRUCTIONS FOR EXAMINATION ELIGIBILITY APPLICATION

- ☐ A. "EXAMINATION ELIGIBILITY" APPLICATION. Complete all sections. The application must be signed. NOTE: If you have registered with the Board previously and have changed your legal name since registering without submitting a name change request to the Board, please complete and submit a *Notification of Name Change* form with your application packet along with the required documentation. This form is available on the Board's website.
- ☐ B. FEES:
 - 1) Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100.00 California Law and Ethics examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
 - 2) Once you have passed all required examinations, you must submit a *Request for LPCC Initial License Issuance* form with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ C. REQUIRED EDUCATION/TRAINING (Application form Question #12-19)
Disregard this section if previously registered as a California PCC intern. The required education/training listed below may have been earned either within or outside of your qualifying degree program. The courses listed below can be taken from any of the following: a school regionally accredited or approved by the California Bureau for Private Postsecondary Education; a governmental entity; or an approved Continuing Education provider.
 - 1) Alcoholism and Other Chemical Substance Dependency - 15 hours of training or coursework. (Business and Professions Code [BPC] Section 4999.32(e)(1); Title 16, California Code of Regulations [CCR] Section 1810)
 - 2) Human Sexuality - 10 contact hours of training or coursework. (BPC Sections 25 and 4999.32(e)(2); Title 16, CCR Section 1807)
 - 3) Psychopharmacology - Two (2) semester unit or three (3) quarter unit survey course. (BPC Section 4999.32(e)(3))

- 4) Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies - 15 hours of training or coursework (BPC Section 4999.32(e)(4))
- 5) Child Abuse Assessment and Reporting - Seven (7) contact hours of training or coursework. (BPC Sections 28 and 4999.32(e)(5); Title 16, CCR Section 1807.2)
- 6) California Law and Professional Ethics - 18 hours of training or coursework. (BPC Section 4999.32(e)(6)) For applicants whose qualifying degree was earned in another state, the 18-hour course must include all of the following content: instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-patient privilege, recordkeeping, client access to records, the health Insurance Portability and Accountability Act, dual relationships, child, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law and therapist disclosures to clients (BPC Sections 4999.57(c), 4999.58(d) and 4999.59(c); CCR Section 1810.1).
- 7) Aging and Long-Term Care - 10 hours of training or coursework. (BPC Section 4999.32(e)(7))
- 8) Crisis and Trauma Counseling - 15 hours of training or coursework. (BPC Section 4999.32(e)(8); CCR Section 1810.2)

☐

D. OUT OF STATE LICENSURE (Application form Question #20)

Provide information about license(s) held in jurisdictions outside of California that permit you to independently provide clinical mental health services. Additionally, use the *Verification of Licensure in Another State* form to verify both your license and your supervisor's license. This form may also be used to verify experience as described in item III.B.

☐

E. CONVICTION AND/OR DISCIPLINARY ACTION (Application form Question #22-23)

Attach documentation explaining prior conviction(s) and/or disciplinary action(s) and attesting to your rehabilitation, if applicable: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

III. VERIFICATION OF LICENSURE AND/OR SUPERVISED EXPERIENCE IN ANOTHER STATE

☐

A. LICENSURE OUTSIDE OF CALIFORNIA

Note: The laws do not permit any form of reciprocity with another state. Persons who have been licensed for less than two years in another state must register as a PCC intern and gain 250 hours of supervised experience in California (BPC Section 4999.59(b)). Verification of licensure, education and experience, as well as other requirements must be received and evaluated by the Board.

For applicants licensed in another state, the state licensing agency that issued your license and has record of your supervised experience must complete the *Verification of Licensure in Another State* form or provide a letter of verification, which is required from each state or country where you have held a license as a professional clinical counselor or other counseling license that allows you to independently provide clinical mental health services.

☐

B. VERIFICATION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA MAY BE PROVIDED BY:

The "EXPERIENCE VERIFICATION" FORM. This form is a certified statement from a supervisor verifying your postdegree supervised experience (at least 3,000 hours obtained over 104 weeks, gained within the six (6) years prior to the date the Board receives your application), and must have the supervisor's original signature. Your supervisor's license may be verified using the *Verification of Licensure in Another State* form.

IF VERIFICATION OF YOUR SUPERVISOR'S LICENSE OR YOUR EXPERIENCE CANNOT BE OBTAINED FROM THE APPROPRIATE LICENSING AGENCY, THEN YOUR EXPERIENCE MAY NOT BE APPLIED TOWARD THE LICENSING REQUIREMENTS.

IV. VERIFICATION OF EDUCATION

☐

A. REQUIRED VERIFICATION OF EDUCATION AND TRAINING:

Note: Disregard this section if previously registered as a California PCC intern. Include verification of all required education and training with your application unless previously provided to the Board for PCC Intern registration. The following forms must be submitted by the educational institution:

- 1) **REMEDIAL COURSEWORK CERTIFICATION.** The purpose of this form is to verify completion of required coursework that may be gained outside of your qualifying degree program. Coursework must be taken from an institution that is regionally accredited or approved by the California Bureau for Private Postsecondary Education. This may include additional core

content areas or advanced coursework. (Note: Practicum/field study units may not be remediated). This form must be signed by the Chief Academic Officer or authorized designee and provided to you in a sealed envelope. See form for additional information and instructions.

- 2) TRANSCRIPTS. Official transcripts verifying your master's or doctoral degree, with the degree title and date of conferral on the transcript, must be submitted for all applicants who have never registered with the Board as a PCC Intern. Must be in a sealed envelope.

☐

B. APPLICANTS WITH AN OUT-OF-STATE DEGREE PROGRAM

Note: Disregard this section if previously registered as a California PCC intern. Education gained outside of California must be substantially equivalent to the requirements for education gained in-state. The law permits applicants with a degree earned outside of California to remediate certain deficiencies. Only course content and units may be remediated. The required number of practicum/field study units must be part of the qualifying degree program. (BPC Sections 4999.58(d)&(e) and 4999.59(c)&(d)).

- 1) OUT-OF-STATE DEGREE PROGRAM CERTIFICATION. The purpose of this form is to verify the content of a degree program completed outside of California, including advanced coursework and practicum/field study units. This form must be signed by the Chief Academic Officer or authorized designee and provided to you in a sealed envelope. See form for additional information and instructions.

☐

C. APPLICANTS WITH EDUCATION RECEIVED OUTSIDE THE UNITED STATES

Note: Disregard this section if previously registered as a California PCC intern. If you have a degree or other education gained outside of the United States, you must have your education evaluated by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services in order to determine equivalency. Provide the board with the results of this comprehensive evaluation and any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

V. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- a. The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- b. Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- c. The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- d. The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- e. Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

☐

1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.

☐

2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please provide that name.

☐

3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:

- a. Proof of completion of probation if it was required.
- b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

- ☐ 4. You must disclose all convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

VI. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please provide that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
- a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose all discipline against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

INFORMATION ABOUT THE LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION

1. INFORMATION AND DOCUMENTS

All information furnished to the Board is subject to investigation. The application submitted and all papers and documents pertinent thereto are the property of the State of California and will not be returned. ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.

2. PROCESSING TIME AND RECEIPT OF APPLICATION

Please do not contact the Board to check the status of your application. If you wish to know whether the Board has received your application, check with your bank to determine whether your check has been cashed; another option is to include a self-addressed stamped postcard or envelope with your application, which will be mailed back to you upon receipt.

3. EXAMINATIONS:

Applicants must pass two examinations in order to qualify for LPCC licensure: The California Law and Ethics Examination and the National Clinical Mental Health Counselor Examination (NCMHCE).

- A. California Law and Ethics Examination: Applicants will be sent a notice of eligibility to take the California Law and Ethics Examination or a notice of application deficiency upon final review of the examination eligibility application and all required documentation. The California Law and Ethics Examination is given in various locations throughout California. It is the responsibility of the applicant to contact the company that administers the examinations and arrange a time and place to take the examination. Further information regarding the examinations is provided in the LPCC Law and Ethics Examination Candidate Handbook, available on the Board's web site.
- B. National Clinical Mental Health Counselor Examination: Once you have passed the California Law and Ethics Examination, you will be required to pass the NCMHCE. Upon passing the Law and Ethics Examination, you will receive information on registering for the NCMHCE. If you have already passed the NCMHCE, submit an official score verification certificate to the Board with your exam eligibility application. The NCMHCE is administered by the National Board for Certified Counselors (NBCC). Visit their web site at www.nbcc.org for more information about the examination.

4. REQUESTS FOR ACCOMMODATION:

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a *Request for Accommodation* package. Alternatively, the forms may be obtained on the Board's web site.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. Changes of address must be received in writing.

6. ABANDONMENT OF LICENSURE APPLICATION:

In accordance with Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned in any of the following circumstances:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter
- Applicant fails to sit for examination within one (1) year after being notified of eligibility
- Applicant fails to retake an examination within one (1) year from the date of failure
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if you wish to pursue licensure.

7. STATUTES AND REGULATIONS:

To obtain a copy of the *Statutes and Regulations* pertaining to licensed professional clinical counseling, you may download the information from the Board's web site; alternatively, you may submit a written request to the Board (type or print clearly your name and address).

8. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. However, only those forms having original signatures will be accepted as part of any application.

9. MANDATORY REPORTER: Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and dependent adult abuse or neglect purposes. See enclosed "MANDATORY REPORTER INFORMATION" included in this application packet for more information on mandatory reporting requirements.

NOTICE ABOUT COLLECTION OF PERSONAL INFORMATION

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4999.47, 4999.50, 4999.58, and 4999.59; and Article 5 of Chapter 16 (commencing with Section 4999.80), and Title 16 of California Code of Regulations Sections 1805, 1806, 1820, 1821 and 1822. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by statute and regulation.

Mandatory Submission. Submission of the information requested by this application is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBSWebMaster@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection, 915 Capitol Mall, Suite 200, Sacramento, CA 95814, (866) 785-9663 or email privacy@scsa.ca.gov.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



A GUIDE TO THE LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICATION PROCESS FOR OUT-OF-STATE APPLICANTS (DOES NOT APPLY TO “GRANDPARENT” METHOD)

The Board of Behavioral Sciences (BBS) does not have reciprocity with any other licensing entity. Any person from another state or country seeking a license in California will need to demonstrate compliance with California's licensing laws, complete the Licensed Professional Clinical Counselor (LPCC) Out-of-State Examination Eligibility Application packet, and pass a Law and Ethics Examination and the National Clinical Mental Health Counselor Examination (NCMHCE).

Depending on an out-of-state/country applicant's experience and education, the process of completing or providing proof of completion of the California licensing requirements will differ.

Please use the information below to identify your situation and determine the steps you need to take in order to complete the licensure process.

A. Scenario: Applicant possesses an out-of-state degree; no out-of-state license, no out-of-state supervised experience.

1. Remediate any educational deficiencies (Business and Professions Code [BPC] Sections 4999.32 and 4999.57(c)&(d))
2. Register as a Professional Clinical Counselor (PCC) Intern (BPC Sections 4999.42 and 4999.46)
3. Gain 3,000 hours of supervised experience in a minimum of 104 weeks while registered as an LPCC Intern in California (BPC Sections 4999.42 and 4999.46)
4. Complete and submit an LPCC “Out-of-State Examination Eligibility Application” and pass both LPCC licensing examinations
5. Submit a “Request for LPCC Initial License Issuance” form with appropriate fee

B. Scenario: Applicant possesses an out-of-state degree; no out-of-state license, less than 3,000 post-degree hours of out-of-state supervised experience.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.57(c)&(d))
2. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
3. Complete no less than 250 hours of direct counseling and supervision in California while registered as a PCC Intern (BPC Section 4999.57(b))
4. Gain additional supervised experience while registered as a PCC Intern in California to total 3,000 hours over a minimum of 104 weeks (BPC Sections 4999.46 and 4999.57(b))
5. Complete and submit an LPCC “Out-of-State Examination Eligibility Application” and pass both LPCC licensing examinations
6. Submit a “Request for LPCC Initial License Issuance” form with appropriate fee

C. Scenario: Applicant possesses an out-of-state degree and 3,000 post-degree hours of out-of-state supervised experience gained in no less than 104 weeks (obtained no more than 6 years prior to the date of application for California licensure) documented on BBS Experience Verification form(s); does not possess an out-of-state license.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.57(c)&(d))
2. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
3. Complete no less than 250 hours of direct counseling and supervision in California while registered as a PCC Intern (BPC Section 4999.57(b))
4. Have out-of-state board complete the LPCC Verification of Licensure in Another State form for each out-of-state supervisor who signed off on a BBS Experience Verification form. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit LPCC “Out-of-State Examination Eligibility Application” and pass both LPCC licensing examinations
6. Submit a “Request for LPCC Initial License Issuance” form with appropriate fee

D. Scenario: Applicant possesses an out-of-state LPCC or equivalent license held for two or more years and the out-of-state licensing board can verify out-of-state supervised experience meeting the minimum of 3,000 hours of supervised experience gained in no less than 104 weeks.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.58(d)&(e))
2. Have out-of-state licensing board complete the LPCC Verification of Licensure in Another State form. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
3. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
4. Submit the "Request for LPCC Initial License Issuance" form with appropriate fee

E. Scenario: Applicant possesses out-of-state license for two or more years; out-of-state licensing board can only verify 2,000 hours of supervised experience and 52 weeks of supervision gained out of state; applicant possesses enough additional post-licensure hours of supervised experience gained out of state to total 3,000 hours of supervised experience gained in no less than 104 weeks.

1. Document additional out-of-state supervised experience (experience not verified by the licensing board in the other state) on the BBS Experience Verification form(s) to total a minimum of 3,000 hours of supervised experience gained in no less than 104 weeks. (BPC Sections 4999.58(b)&(c))
2. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.58(d)&(e))
3. Have out-of-state licensing board complete the LPCC Verification of Licensure in Another State form for out-of-state supervisors and applicant. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
4. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
5. Submit the "Request for LPCC Initial License Issuance" form with appropriate fee

F. Scenario: Applicant possesses out-of-state license for two or more years; out-of-state licensing board only verifies 2,000 hours of supervised experience gained in no less than 104 weeks gained out of state and applicant cannot provide additional out-of-state supervised experience on BBS Experience Verification form.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.58(d)&(e))
2. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
3. Accumulate sufficient supervised experience in California to qualify for licensing (a minimum of 3,000 hours of supervised experience in no less than 104 weeks) (BPC Sections 4999.58(b)&(c))
4. Have out-of-state board complete the LPCC Verification of Licensure in Another State form for applicant (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
6. Submit "Request for LPCC Initial License Issuance" form with appropriate fee

G. Scenario: Applicant is licensed out-of-state LESS THAN two (2) years; out-of-state licensing board can verify out-of-state supervised experience meeting the minimum of 3,000 hours and 104 supervised weeks.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.59(c)&(d))
2. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
3. Complete no less than 250 hours of direct counseling and supervision in California while registered as a PCC Intern (BPC Section 4999.59(b))
4. Have out-of-state licensing board complete LPCC Verification of Licensure in Another State form for applicant (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
6. Submit "Request for LPCC Initial License Issuance" form with appropriate fee

H. Scenario: Applicant is licensed out-of-state LESS THAN two (2) years; out-of-state licensing board can only verify 2,000 hours of supervised experience and 52 weeks of supervision gained out of state; applicant possesses enough additional post-licensure hours of supervised experience gained out of state to total 3,000 hours of supervised experience gained in no less than 104 weeks.

1. Document additional out-of-state supervised experience (experience not verified by the licensing board in the other state) on the BBS Experience Verification form(s) to total a minimum of 3,000 hours of supervised experience gained in no less than 104 weeks. (BPC Section 4999.59(b))
2. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.59(c)&(d))
3. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
4. Complete no less than 250 hours of direct counseling and supervision in California while registered as a PCC Intern (BPC Section 4999.59(b))
5. Have out-of-state licensing board complete the LPCC Verification of Licensure in Another State form for out-of-state supervisors and applicant. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
6. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
7. Submit the "Request for LPCC Initial License Issuance" form with appropriate fee

I. Scenario: Applicant is licensed out-of-state LESS THAN two (2) years; out-of-state licensing board only verifies 2,000 hours of supervised experience gained in no less than 104 weeks gained out of state and applicant cannot provide additional out-of-state supervised experience on BBS Experience Verification form.

1. Remediate any educational deficiencies (BPC Sections 4999.32 and 4999.59(c)&(d))
2. Register as a PCC Intern (BPC Sections 4999.42 and 4999.46)
3. Accumulate sufficient supervised experience in California to qualify for licensing (a minimum of 3,000 hours of supervised experience in no less than 104 weeks; 250 hours of supervised experience must be gained in California) (BPC Section 4999.59(b))
4. Have out-of-state board complete the LPCC Verification of Licensure in Another State form for applicant (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit LPCC "Out-of-State Examination Eligibility Application" and pass both LPCC licensing examinations
6. Submit "Request for LPCC Initial License Issuance" form with appropriate fee

Please note that this information is intended only as a general reference. For the specific laws governing the licensure requirements and practice of professional clinical counseling, please consult the Business and Professions Code beginning with Section 4999.10, and the California Code of Regulations beginning with Section 1800 of Title 16. This information is available on the Board's Web site.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE EXAMINATION ELIGIBILITY APPLICATION

APPLICANTS WITH ANY OUT-OF-STATE EXPERIENCE OR LICENSURE

FOR APPLICATIONS SUBMITTED

JANUARY 1, 2011 THROUGH DECEMBER 31, 2013

APPROPRIATE FEE MUST ACCOMPANY THIS FORM
 Make check payable to - Behavioral Sciences Fund

For Office Use Only: P1, PA

Cashiering No:

QM: 1-S

(Please type or print clearly in ink)

1. Legal Name* Last		First		Middle	
Maiden name and/or any other alias					
2. Address of Record**: Number and Street					
City		State		Zip Code	
3. Business Telephone:		4. Residence Telephone:		5. E-Mail Address:	
6. Birth Date: mm/dd/yyyy		7. Social Security Number***:		8. Sex:	
9. Education: (Qualifying Degree Title)		10. Name of school, college, or university:			

ATTACH A
 PHOTOGRAPH TAKEN
 WITHIN 60 DAYS
 OF THE FILING
 OF THIS APPLICATION
 (Head and Shoulders Only)

11. Were you previously registered as a California professional clinical counselor intern? ☐ Yes ☐ No. *If YES, disregard items 12-19 below*

REQUIRED EDUCATION AND TRAINING: Complete the following regarding required coursework and training. Submit documentation of completion such as a transcript or certificate of completion. If course title does NOT describe required course content, submit a syllabus or other documentation that the content was provided to you.

	HOURS OR UNITS	COURSE #	SCHOOL NAME IF NOT PART OF DEGREE PROGRAM	COMPLETED?
12. Alcoholism and other chemical substance dependency				Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Human sexuality training				Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Psychopharmacology				Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Spousal/partner abuse assessment, detection, intervention				Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Child abuse assessment and reporting				Yes <input type="checkbox"/> No <input type="checkbox"/>
17. California law and professional ethics				Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Aging and long-term care				Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Crisis or trauma counseling				Yes <input type="checkbox"/> No <input type="checkbox"/>

Continue on next page

20. Do you have a counseling license that allows you to independently provide clinical mental health services in another state or foreign country? If YES, complete the following (*attach additional sheets as necessary and submit an "Verification of Licensure in Another State" form for each state and country listed*): Yes ☐ No ☐

STATE/COUNTRY	LICENSE TITLE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

21. Do you possess at least 104 weeks and 3,000 hours of post-degree supervised experience? Yes ☐ No ☐

22. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency? Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

23. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

I declare under penalty of perjury under the laws of the State of California that all of the information submitted on this form and on any accompanying forms and attachments is true and correct.

Signature of Applicant: _____

Date: _____

*Business and Professions Code section 4999.90(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.

***Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE DEGREE PROGRAM CERTIFICATION*

(Please type or print clearly in ink)

Applicant Name: Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy	

APPLICANT: The purpose of this form is to verify content of a degree program completed outside of California in accordance with the Business and Professions Code (BPC). This form is to be completed by the school's Chief Academic Officer or authorized designee. Please ensure the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. If required course content is not clearly described in the course title, submit a copy of syllabus and/or other documentation. Also enclose official proof of completion in the form of a sealed transcript. *(To provide certification of coursework completed outside your degree program, use the form titled "Remedial Coursework Certification.")* Do NOT submit this form if you were previously registered as a California professional clinical counselor intern.

EDUCATIONAL INSTITUTION: The applicant named above is applying for professional clinical counselor registration or licensure in California. In order to permit the Board of Behavioral Sciences to evaluate the applicant's educational qualifications accurately, we request completion of this form by the degree granting institution. Please provide the applicant with the original completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application.

INITIAL Initial on the line provided to indicate the applicant completed the coursework listed and provide specific information where requested. Complete the certification on the other side of this form.

- _____ 1. The applicant's degree program contained _____ ☐ Semester units ☐ Quarter units of instruction (BPC Section 4999.32(b))
- _____ 2. The applicant has completed coursework that is the equivalent of at least three (3) semester or four and one-half (4.5) quarter units in each of the following CORE CONTENT AREAS. Specify the course numbers in which the content was provided. (BPC Section 4999.32(c)):
- _____ A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).
 Number of units completed: _____ Course number(s): _____
- _____ B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).
 Number of units completed: _____ Course number(s): _____
- _____ C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).
 Number of units completed: _____ Course number(s): _____
- _____ D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).
 Number of units completed: _____ Course number(s): _____
- _____ E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).
 Number of units completed: _____ Course number(s): _____

INITIAL

- _____ F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).

Number of units completed: _____ Course number(s): _____

- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).

Number of units completed: _____ Course number(s): _____

- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).

Number of units completed: _____ Course number(s): _____

- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).

Number of units completed: _____ Course number(s): _____

- _____ 3. In addition to the course requirements listed in #2 (A - I) above, the applicant's degree contains advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics (12 semester/18 quarter units required, BPC Section 4999.32(c)(2)).

Number of units completed: _____ Course number(s): _____

- _____ 4. The applicant's degree program contained supervised practicum or field study experience, or the equivalent, which provided a range of clinical counseling experience including: applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; and other recognized counseling interventions (6 semester/9 quarter units, BPC Section 4999.32(c)(3)).

Number of units completed: _____ Course number(s): _____

- _____ A. The applicant's practicum or field study experience included _____ supervised hours providing face-to-face clinical counseling individuals, families or groups in a clinical setting (150 hours required, BPC Section 4999.32(c)(3)(I)).

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELORS IN-STATE DEGREE PROGRAM CERTIFICATION

(Please type or print clearly in ink)

Applicant Name: Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy	

APPLICANT: The purpose of this form is to verify the content of a degree program completed in California, in accordance with the Business and Professions Code (BPC). This form is to be completed by the school's Chief Academic Officer or authorized designee. Please ensure that the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. If required course content is not clearly described in the course title, submit a copy of the syllabus and/or other documentation. Be sure to also enclose official proof of completion in the form of a sealed transcript. *(To provide certification of coursework completed outside of your degree program, use the form titled "Remedial Coursework Certification.")* Do NOT submit this form if you were previously registered as a California professional clinical counselor intern.

EDUCATIONAL INSTITUTION: The applicant named above is applying for registration as a professional clinical counselor intern. In order to permit the Board of Behavioral Sciences to evaluate the applicant's educational qualifications accurately, we request completion of this form by the degree granting institution. Be sure to complete the certification on the other side of this form. Please provide the applicant with the original completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application.

INITIAL Initial on the line provided to indicate the applicant completed the coursework listed and provide specific information where requested. Complete the certification on the other side of this form.

- _____ 1. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of Business and Professions Code (BPC) Section 4999.32 (as required by BPC Section 4999.40(a)). If NOT, explain:

- _____ 2. The applicant's degree program contained _____ ☐ Semester units ☐ Quarter units of instruction (BPC Section 4999.32(b)).

- _____ 3. The applicant has completed coursework that is the equivalent of at least three (3) semester units or four and one-half (4.5) quarter units in each of the following CORE CONTENT AREAS. NOTE: Applicant may qualify with a degree that is deficient in no more than two (2) of these areas. (BPC Section 4999.32(c)&(d)).
 _____ A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).
 Number of units completed: _____ Course number(s): _____
 _____ B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).
 Number of units completed: _____ Course number(s): _____
 _____ C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).
 Number of units completed: _____ Course number(s): _____
 _____ D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).
 Number of units completed: _____ Course number(s): _____

INITIAL

- _____ E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).

Number of units completed: _____ Course number(s): _____

- _____ F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).

Number of units completed: _____ Course number(s): _____

- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).

Number of units completed: _____ Course number(s): _____

- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).

Number of units completed: _____ Course number(s): _____

- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).

Number of units completed: _____ Course number(s): _____

- _____ 4. In addition to the above course requirements, the applicant's degree contains a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics (BPC Section 4999.32(c)(2)).

Number of units completed: _____ Course number(s): _____

- _____ 5. The applicant's degree program contains no less than six (6) semester or nine (9) quarter units of supervised practicum or field study experience or the equivalent, which provided a range of clinical counseling experience including: applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; and other recognized counseling interventions (BPC Section 4999.32(c)(3)).

Number of units completed: _____ Course number(s): _____

- _____ A. The practicum or field study experience included a minimum of 150 supervised hours providing face-to-face clinical counseling of individuals, families or groups in a clinical setting (BPC Section 4999.32(c)(3)(I)).

- _____ B. The applicant received an average of at least one (1) hour of individual or two (2) hours of group direct supervisor contact for every five (5) hours of client contact in each setting while gaining the 150 hours of practicum or field study experience (BPC Section 4999.36(f)).

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR REMEDIAL COURSEWORK CERTIFICATION FOR APPLICANTS WITH OUT-OF-STATE EDUCATION*

(Please type or print clearly in ink)

Applicant Name: Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy	

ALL APPLICANTS: This form is to be completed by the school's Chief Academic Officer or authorized designee. Use a separate form for each school. Please ensure that the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. Also enclose official proof of completion in the form of a sealed transcript. If required course content is not clearly described in the course title, submit a copy of the syllabus and/or other documentation. This form is **ONLY** required if you have never been registered as a California professional clinical counselor intern.

The purpose of this form is to verify completion of content that was not part of your degree program, but is permitted to be remediated by Business and Professions Code (BPC) Sections 4999.57, 4999.58, or 4999.59.

EDUCATIONAL INSTITUTION: The applicant named above is applying for licensure as a professional clinical counselor. In order to permit the Board to evaluate the applicant's educational qualifications accurately, we request completion of this form by the institution where the applicant completed education separately from his or her qualifying degree program. Please provide the applicant with the original completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application. **Mark one:** ☐ *Semester units* ☐ *Quarter units*

INITIAL

CORE CONTENT AREAS: Initial each line below to indicate the applicant's completion of the coursework listed. Provide the number of units completed and relevant course number(s). Complete the certification on the other side of this form.

- A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).

Number of units completed: _____ Course number(s): _____

- B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).

Number of units completed: _____ Course number(s): _____

- C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).

Number of units completed: _____ Course number(s): _____

- D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).

Number of units completed: _____ Course number(s): _____

- E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).

Number of units completed: _____ Course number(s): _____

- F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).

Number of units completed: _____ Course number(s): _____

INITIAL

- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).

Number of units completed: _____ Course number(s): _____

- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).

Number of units completed: _____ Course number(s): _____

- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).

Number of units completed: _____ Course number(s): _____

1. **ADVANCED COURSEWORK** (BPC Sections 4999.32(c)&(d), 4999.57(c)&(d) 4999.58(d)&(e), and 4999.59(c)&(d))

INITIAL the line below to indicate the applicant's completion of up to 12 semester units or 18 quarter units of Advanced Coursework. Provide the number of units completed, relevant course numbers, and sign the certification below.

_____ Advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics. (BPC Section 4999.32(c)(2)).

Number of units completed: _____

Course number(s): _____

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**LICENSED PROFESSIONAL CLINICAL COUNSELORS
REMEDIAL COURSEWORK CERTIFICATION
FOR APPLICANTS WITH IN-STATE EDUCATION**

(Please type or print clearly in ink)

Applicant Name:	Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy		

ALL APPLICANTS: This form is to be completed by the school's Chief Academic Officer or authorized designee. Use a separate form for each school. Please ensure that the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. Also enclose official proof of completion in the form of a sealed transcript. If required course content is not clearly described in the course title, submit a copy of the syllabus and/or other documentation. This form is **ONLY** required if you have **never** been registered as a California professional clinical counselor intern.

The purpose of this form is to verify completion of content that was not part of your degree program, but is permitted to be remediated by Business and Professions Code (BPC) Sections 4999.57, 4999.58, or 4999.59.

EDUCATIONAL INSTITUTION: The applicant named above is applying for registration as a professional clinical counselor intern. In order to permit the Board to evaluate the applicant's educational qualifications accurately, we request completion of this form by the institution where the applicant completed education separately from his or her qualifying degree program. Please provide the applicant with the original completed form IN A SEALED ENVELOPE. Instruct the applicant to enclose the sealed envelope with his or her application. **Mark one:** ☐ *Semester units* ☐ *Quarter units*

INITIAL

CORE CONTENT AREAS: Initial each line below to indicate the applicant's completion of the coursework listed. Provide the number of units completed and relevant course number(s). Complete the certification on the other side of this form.

- A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).

Number of units completed: _____ Course number(s): _____

- B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).

Number of units completed: _____ Course number(s): _____

- C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).

Number of units completed: _____ Course number(s): _____

- D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).

Number of units completed: _____ Course number(s): _____

- E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).

Number of units completed: _____ Course number(s): _____

- F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).

Number of units completed: _____ Course number(s): _____

INITIAL

- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).
- Number of units completed: _____ Course number(s): _____
- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).
- Number of units completed: _____ Course number(s): _____
- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).
- Number of units completed: _____ Course number(s): _____

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR

OUT-OF-STATE EXPERIENCE VERIFICATION

Applicant: Your supervisor must complete this form (unless experience is verified by an out-of-state licensing agency). Use a separate form for each person verifying hours of supervised experience toward licensure as a professional clinical counselor and for each employment setting. Submit this form with your application for examination eligibility.

Supervisor: You must complete this form. Make certain that this form is complete and correct prior to signing. Any change should be initialed by you and is subject to verification. Return the completed form to the applicant.

(Please type or print clearly in ink)

Applicant: Last	First	Middle	Social Security Number
-----------------	-------	--------	------------------------

SUPERVISOR: (Please type or print clearly in ink)

1. Supervisor: Last	First	Middle	2. Business Phone:	
3. Address: Number and Street		City	State	Zip Code
4. Name of Applicant's Employer:			5. Business Phone:	
6. Employer's Address: Number and Street		City	State	Zip Code
7. a. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Was this experience gained in a private practice setting?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Was this experience gained in a hospital or community mental health setting, as defined under California Code of Regulations section 1820(d) as a setting that: lawfully and regularly provides mental health counseling or psychotherapy; where clients who routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or psycho-social interventions; where clients receive coordinated care that includes the collaboration of mental health providers; and is not a private practice owned by a licensed professional clinical counselor, marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician or surgeon, a professional corporation of any of these licensed professions or unlicensed individuals?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice for the profession?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Was the applicant either an employee or a volunteer during the dates of experience claimed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Dates of the experience being claimed		From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy	
11. How many <u>weeks</u> of supervised experience are being claimed? _____				
12. Show only those hours of experience as logged on the weekly summary of hours form.				Total Logged Hours
a. Direct Psychotherapy (performed by the applicant; minimum 1,750 hours)				
b. Group Therapy or Group Counseling (maximum 500 hours)				
c. Telephone Counseling (maximum 250 hours)				
d. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (maximum 250 hours)*				
e. Workshops, seminars, training sessions, or conferences directly related to professional clinical counseling (maximum 250 hours)*				
f. Client Centered Advocacy (CCA)*				

Continue on next page.

Applicant:	Last	First	Middle
------------	------	-------	--------

13. Face-to-face supervision*:		Hours per week (Range)	Total Logged Hours
a. Individual			
b. Group (Group supervision contained no more than eight (8) persons)			
14. Supervisor License Information:			
Type of License	License Number	State of Licensure	Date Originally Licensed
If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? Date Board certified: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct</i> Signature of Supervisor: _____ Date: _____			

*When combined, these categories shall not exceed 1,250 hours of experience (BPC Section 4999.46(b)(6)).



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR VERIFICATION OF LICENSURE IN ANOTHER STATE

APPLICANT: Complete this section authorizing release of information by another state licensing agency. Mail this form and any necessary fees to that licensing agency. Verification For: ☐ Applicant ☐ Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	Social Security Number:
------	-------	--------	-------------------------

Name of Individual to be Verified:

Last	First	Middle	License/Reg./Cert. Number
------	-------	--------	---------------------------

I hereby authorize the release of information to the California Board of Behavioral Sciences.

Signature of Applicant: _____

Date: _____

STATE OFFICE: Please return completed form to the address shown above.

1. Full name of the individual to be verified, as shown in your records: _____

2. Name of state or country: _____

3. The above individual is: ☐ Licensed ☐ Registered ☐ Certified ☐ Applicant only

4. License, Registration or Certificate title: _____

A. Is this a license, registration or certificate that permits independent provision of clinical mental health services? ☐ Yes ☐ No ☐ N/A

B. License status (current, temporary, canceled, etc.) _____ C. Issue date: _____ Expiration date: _____

5. Any complaints or disciplinary action? ☐ Yes ☐ No If Yes, attach an explanation.

6. Examination required for license, registration or certificate? ☐ Yes ☐ No If Yes, list examination(s), type, title _____

7. Supervised Postdegree Experience: A. Total years/weeks _____ B. Total hours of experience _____

C. Date range of experience: From: _____ To: _____ D. Total direct counseling hours _____
 mm/dd/yy mm/dd/yy

E. Direct supervisor contact hours per week _____ F. Supervisor license/credentials required _____

Signature of Person Completing Form

Date

Printed or Typed Name and Official Title

Agency/Organization Name

State Agency or Organization Stamp Here

Address

Phone



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

"It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination..."

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one's behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

License Application Type LCSW ☐ MFT ☐ LEP ☐ LPCC ☐

Candidate's Name (print) _____

Date of Birth

Candidate's Signature: _____ Date: _____

Receipt No.	Regis. No.	type or print LEGAL NAME
		(LAST) (FIRST) (MIDDLE)
		ADDRESS
		(CITY) (STATE) (ZIP)
Date Received		
		SOCIAL SECURITY #:
		DATE OF BIRTH:
		PERSONAL DATA CARD STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u>

Form 37M-400 (Rev. 3/05)

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is meant for anyone living within California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ)** and the **Federal Bureau of Investigation (FBI)** electronically.

Fingerprint Fees

DOJ FINGERPRINT PROCESSING FEE: \$32.00
FBI FINGERPRINT PROCESSING FEE: \$19.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. Be aware that the Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the enclosed *Request for Live Scan Service* form at the Live Scan site. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from DOJ.

Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may offer Live Scan also. A current listing of Live Scan sites is available on the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly**

SECTION 1:

Job Title or Type of License, Certification or Permit

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual license you hold. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	GRY - Gray	MAR - Maroon	BLU - Blue	GRN - Green
PNK - Pink	BRO - Brown	HAZ - Hazel	MUL - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your social security number

Driver's License No: Enter your Driver's license number if you have one

Address

Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

SECTION 4:

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the Original ATI No.

This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

☐ **Marriage and Family Therapist**

☐ **Clinical Social Worker**

☐ **Educational Psychologist**

☐ **Professional Clinical Counselor**

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **13848**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834

Contact Name: **Fingerprint Unit**
Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____
City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Licensee/Registrant: Please mail a copy of
this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

City State Zip Code

LEAVE THIS SECTION BLANK

Mail Code (assigned by DOJ)

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

SECTION 1ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**Job Title or Type of License, Certification or Permit: **(Only One Title)**☐**Marriage and Family Therapist**☐**Clinical Social Worker**☐**Educational Psychologist**☐**Professional Clinical Counselor****SECTION 2**

Agency Address Set Contributing Agency

Mail Code: **13848****Board of Behavioral Sciences**
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834Contact Name: **Fingerprint Unit**Contact Phone: **(916) 574-7859****SECTION 3**Name of Applicant: _____
(Please print) Last First MIAlias: _____ Driver's License No: _____
Last FirstDate of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.Place of Birth: _____
City State Zip

Social Security Number: _____

SECTION 4Your Number _____
BBS File Number (Example: 103123)BBS Licensee/Registrant: Please mail a copy of
this form to the address in Box 2 upon completion.If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI**SECTION 5**

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____

ATI No. _____

Amount Collected/Billed _____

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

☐ **Marriage and Family Therapist**

☐ **Clinical Social Worker**

☐ **Educational Psychologist**

☐ **Professional Clinical Counselor**

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **13848**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834

Contact Name: **Fingerprint Unit**
Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____
City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Licensee/Registrant: Please mail a copy of
this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

City State Zip Code

LEAVE THIS SECTION BLANK

Mail Code (assigned by DOJ)

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



IMPORTANT INFORMATION – PLEASE READ

MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.